

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA12-00525 / 12-07434

(Inmate Number)

OMAR FOLK

(Name of Plaintiff)

300 South Carlisle Street

(Address of Plaintiff)

New Bloomfield, Pa 17068

vs.

Prime CAKE MedicalDauphin County PrisonPerry County Prison

(Names of Defendants)

COMPLAINT

FILED
SCRANTON

FEB 21 2013

PER

DEPUTY CLERK

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Defendant file lawsuit against York City, York
City Police, It was file in Middle District Harrisburg
Judge Caldwell, Then it became conflict interest
turn over scranton office Judge Conaboy DOGMA
Name Affiant Rick Peddicord Jan. 2008 filed

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
-
- ☒
- Yes
- ☐
- No

- B. Have you filed a grievance concerning the facts relating to this complaint?
-
- ☐
- Yes
- ☒
- No

If your answer is no, explain why not Have told me both institution
that either Denied or stated they dont have these forms

- C. Is the grievance process completed?
- ☐
- Yes
- ☒
- No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant Prime Medical, David E. Yeingsst, Dominick L. Nebis employed as Tonya Schisler PA, at Tom Toolan CPN, Doctor Matthew Legg
- B. Additional defendants Perry County Jail LT twigg, Sgt. Keller Thomas Long, Harrisburg city and Perry County City Public Defender Heidi R. Freese, Dauphin County Co. Schisler Donbaugh also PA and Doctor Youngs, Board Chairman Perry County Prison Chad Chenet

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. PA. NA Dauphin first seen him and leg was swollen red hot they move me and gave me ice crutches. Doctor Young he felt leg was dislocated but nothing further but x-rays order stronger pain medicine, once again went in front of him now scheduled for MRI. The whole time telling PA. Doctor I had the same injury with my Left knee Patella-tendon-Rupture
2. Public Defender Heidi R. Freese told her I can't stand trial I need co-counsel then I told her to remove herself because she gave me poor advice the facts force to go to trial because when Judge ask her standby Counsel at the time are you ready didn't make no since if I'm Prose Violated Due Process. PA Tonya Schisler Pain and suffering, Tom Toolan CPN Cruel and unusual Punishment, not getting my Health done fast enough.
3. LT-twigg, Sgt. Keller CO-2ANS, Thomas Long, David E. Yeingsst All denied me Law Access Due Process also was aware medical problem didn't try to help further

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Health. deliberate and difference, Abuse of Power
as County Employee, Board chairman Percy
County chad chenot sent letter addressing my concerns
no response libel to claim, Dauphin County Co. chad
2. Don brugh send person strike Altercation did not disturb
problem strike and had defend myself also. The facts
are I have been going through this problem since July 22,
2012 and its Feb 15, 2013 Just about 7 months
3. leg still swollen to point were pain is so serious Im
force to take Pain pills on Drilly basis and Sleeping
meds also as you see sent shot of request slips
base on my issue Doctor Mithel Legel stated Im surprised
You can still move your leg and also stated From it taking so long I will
need reconstructed knee surgery and ask on my leg also have
to use Dead men tendons to connect tibia to patella tendon tendon.

Signed this Feb day of 15 - 2013.

Amar Foltz
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

2-15-2013
(Date)

Amar Foltz
(Signature of Plaintiff)

Statements of Matters For Claim

1. Defendant argues Perry County and Administer violated my rights on Eight Amendments issue, MA practice, Due process pain and suffering, deliberate and indifference

Name people 1. ~~XXXXXXXXXXXX~~ EMERY CLARK
Witness

2. ~~XXXXXXXXXXXX~~

3. John Herdman



Co. Which are "guards", Wardens, Medical staff, Lt, Sp.

ON or About 2 months ago Folk told Co. MS. White that his leg hurt real bad and he wanted to go to hospital because of ^{black} spot on his leg that he believe to be blood clot 4 inch. wide and 4 inch long in that around abouts res. she notified booker who's a Lt to assign me extra mattress and that's all he did, not even come and look or anything. The next step Folk took notified Medical staff Tom ^{LPN} and thought "illusion" then took step further told the counselor Karen Wilson, she notified Lt to take me out to the ~~house~~ hospital then Contact DW. He stated Fed's don't like me told write another request to Medical. Now the whole time im being denied of my medical pain and suffering "All guards" ~~state~~ state that view of the Medical issue did not take no further step to abide citizen notified each individual

[illegible]

10. DESCRIPTION OF INCIDENT

On above date and time inmate Galk, was engaged in a fight with inmate [redacted] in a day room. During the fight inmate [redacted]'s mouth was lacerated. Inmate Galk was restrained and removed from the block. Inmate [redacted] turned in medical per central control.

11. SIGNATURE OF REPORTING OFFICER 		12. NAME AND TITLE (PRINTED) JAMES DEAN BRYANT	
13. INCIDENT REPORT DELIVERED TO ABOVE INMATE BY 		14. DATE INCIDENT REPORT DELIVERED 26 April 17	15. TIME INCIDENT REPORT DELIVERED 0903

16. COMMENTS OF INMATE TO OFFICER REGARDING ABOVE INCIDENT

NO COMMENTS

<input type="checkbox"/> YOU COMMITTED THE PROHIBITED ACT AS CHARGED	<input type="checkbox"/> YOU COMMITTED THE FOLLOWING PROHIBITED ACT: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	<input type="checkbox"/> YOU DID NOT COMMIT A PROHIBITED ACT
--	---	--

18. FINDINGS ARE BASED ON THE FOLLOWING INFORMATION

19. ACTION TAKEN

20. DATE OF ACTION _____

_____ MEMBER _____ CHAIRPERSON _____ MEMBER _____



481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407-0621
1-800-229-5227

BioReference
LABORATORIES

PRIMECARE MEDICAL, INC.

GENERAL LABORATORY TESTING REQUISITION

Last Name:

First Name:

FOLK

OMAR

Patient ID:

17-07434

Date of Birth:

4-27-81

Age:

31

Sex:

M

Ordering Physician:

Hof Hernandez

Comments:

USMS

PO170-3 00176
PERRY COUNTY PRISON
300 SOUTH CARLISLE ST
NEW BLOOMFIELD, PA 17068
7175822262 61

Date Collected:

11/8/12

Time Collected:

0810

☒ Fasting ☐ Non-fasting

PROFILES/PANELS

- ☐ 3283-9 Acute Hepatitis Panel (S)
Hep.A Ab, Hep.B core Ab, Hep.B surf. Ab, Hep.C Ab
- ☐ 4312-5 Amylase & Lipase (S)
- ☐ 2988-4 Anemia Panel (S)
B12/Folate, TIBC, Ferritin, Iron
- ☐ 2555-1 Basic Metabolic Panel (S)
BUN Calcium, Chloride, CO₂, Creatinine, Glucose, Potassium, Sodium
- ☐ 4537-7 Chronic Hepatitis Panel (S)
Hep. B Surface Antigen, Hep. B Surface Antibody and Hep. C Antibody
- ☐ 3427-2 Comprehensive Metabolic Panel (S)
Chem 14
- ☐ 7702-4 Comprehensive Metabolic Panel and CBC (S/L)
Chem 14, CBC
- ☐ 8984-7 Diabetic Panel (S,L,2U)
Hgb A1C, Comp. Metabolic, UA, Microalbumin, Creatinine
- ☐ 3422-3 Hepatic Function Panel (S)
Albumin, Alk Phos., ALT (SGPT), AST (SGOT), D. Bilirubin, T. Bilirubin, T. Protein
- ☐ 0009-1 Lipid Panel (S)
Triglyceride; HDL, LDL, Cholesterol
- ☐ 0010-9 Prenatal Profile (R/L/S)
ABO + RH typing, Hep. B. surf. Antigen, CBC, Rubella, Antibody screen, RPR

SCREENING TESTS

- ☐ 0035-6 Ammonia Level (W) frozen
- ☐ 0038-0 ANA (S)
- ☒ 0053-9 CBC w/Diff and Pits (L)
- ☐ 0628-8 Drug Profile - Comprehensive (8) (SC)
- ☐ 0019-0 Hematocrit (L)
- ☐ 0190-9 Prostate Specific Ag (PSA) (S)
- ☐ 0086-9 Sedimentation Rate (ESR) (L)

INFECTIOUS DISEASES

- ☐ 0082-8 Aerobic Bacterial Culture (culturette)
- ☐ 1002-5 AFB Culture and Smear (sterile cont.)
- ☐ 1242-7 Anaerobic Culture (culturette)
- ☐ 0079-4 B-Hem Strep A Culture (culturette)
- ☐ 0341-8 Blood Culture, Routine (2 Bactec Bottles)
- ☐ 0259-2 C Difficile Toxin A (SC)
- ☐ 3800-0 Chlam/GC DNA Probe Tec (Swab)
- ☐ 0459-8 Complete Urinalysis (U)
- ☐ 1763-2 Helper T Lymph CD4 (L/G)
- ☐ 0812-8 Hepatitis C antibody (S)
- ☐ 0361-6 HIV Ab Screen w/confirm (S)
- ☐ 1010-8 HIV RNA PCR ULTRA (Viral Load) (W) Frozen
- ☐ 0382-2 Low Resp Cult (sputum) (sterile cont.)
- ☐ 0142-0 RPR (S)
- ☐ 0377-2 Stool: Ova/Parasites Exam (O+P Kit)
- ☐ 0878-9 Stool: White Blood Cells (SC)
- ☐ 0080-2 Urine Culture (Boricon tube)

WOMEN'S HEALTH

- ☐ 0327-7 B-HCG, Quantitative (S)
- ☐ 0171-9 Gestational Diabetes Evaluation (GY)
- ☐ 0097-6 Gestational Glucose Tolerance 4 (GYS)
- Pap Smear Single Slide (Use BRLI Cytology Req.)

CHRONIC CARE MANAGEMENT

- ☐ 0091-9 Free (T-4) Thyroxine (S)
- ☐ 0095-0 Glucose (GY)
- ☐ 0102-4 Hemoglobin A1c (L)
- ☐ 0228-7 Microalbumin (Urine) (U)
- ☐ 0137-0 Prothrombin Time (PT) (B)
- ☐ 0153-7 TSH (S)

DRUG LEVELS

- ☐ 0509-0 Amitriptyline (Elavil)/Nortriptyline (R)
- ☐ 0154-5 Carbamazepine (R)
- ☐ 0083-6 Digoxin (R)
- ☐ 0119-8 Lithium (R)
- ☐ 0289-9 Phenobarbital (R)
- ☐ 0084-4 Phenytoin (Dilantin) (R)
- ☐ 0380-6 Theophylline (R)
- ☐ 0542-1 Valproic Acid (R)

OTHER TEST(S) NOT LISTED ABOVE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INTERNAL CONTROL (LAB USE ONLY)

L-LAV	CULTURETTE	R-RED	S-SST	GY-GREY	BL-BLUE
GR-GREEN	Y-YELLOW	W-PPT	RB-ROYAL BL	STERILE CUP OTH	VIRAL CUL
O&P	BLD. CUL	FS-FROZ SPEC	SLIDE	THINPREP VIAL	FORMALIN JAR
RAND URN (CUP)	24-HOUR URINE	U-URN TUBE	TIMED URINE	BOR-BORICULT	

vol =

LAB I.D. NO.

Housing: L-Day

80
8/16/12

DAUPHIN COUNTY PRISON

Memorandum

TO: Inmate Omar Folk / #80,163

FROM: Dominick L. DeRose, Warden

RE: Medical Treatment

DATE: August 6, 2012

Please be advised that, as a result of your recent grievance regarding medical care, your concerns were forwarded to the Medical Department, which has reviewed your grievance and provided me with a response.


Records reflect the fact that you were assessed by Medical on 7/27/12 after you reported injuring yourself in the gym that morning. You were seen by the physician assistant and orders were written for an x-ray, medical restrictions, crutches, and an ACE wrap. On 7/30/12, you were informed of the x-ray results, which showed no abnormalities. It is noted you would not allow the physician assistant to complete a full exam by grabbing the provider's hand when attempting to examine you. On 8/1/12, you were seen by the physician. Again, you would not permit a complete examination. Pain medication was ordered and you were scheduled for a follow-up.

After review, it is evident that appropriate care has been rendered. Based on this review, you have been appropriately and properly treated. Therefore, your grievance is denied.

If you do not agree with the above findings, you may appeal to the next level. The appeal along with any additional information should be directed to the Administrative Offices for forwarding to the Prison Board Chairman at the Chair's weekly Prison meeting.

COPY: Administration
Treatment File

L-day

 <p>481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407-0621 1-800-229-5227</p> <p>BioReference LABORATORIES</p>		<p>PRIMECARE MEDICAL, INC.</p> <p>GENERAL LABORATORY TESTING REQUISITION</p>		
Last Name: <u>FOLK</u>		First Name: <u>OMAR</u>		
Patient ID: <u>12-07430</u>	Date of Birth: <u>4.27.81</u>	Age: <u>31</u>	Sex: <u>M</u>	
Ordering Physician: <u>Herrada</u>				
Comments: <u>USMS</u>				
Date Collected: <u>11/2/12</u>				
Time Collected: <u>0800</u>				
<input checked="" type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting				

PROFILES/PANELS	SCREENING TESTS	WOMEN'S HEALTH
<input type="checkbox"/> 3283-9 Acute Hepatitis Panel (S) Hep.A Ab, Hep.B core Ab, Hep.B surf. Ab, Hep.C Ab	<input type="checkbox"/> 0035-6 Ammonia Level (W) frozen	<input type="checkbox"/> 0327-7 B-HCG, Quantitative (S)
<input type="checkbox"/> 4312-5 Amylase & Lipase (S)	<input type="checkbox"/> 0038-0 ANA (S)	<input type="checkbox"/> 0171-9 Gestational Diabetes Evaluation (GY)
<input type="checkbox"/> 2988-4 Anemia Panel (S) B12/Folate, TIBC, Ferritin, Iron	<input type="checkbox"/> 0053-9 CBC w/Diff and Plts (L)	<input type="checkbox"/> 0097-6 Gestational Glucose Tolerance 4 (GYS)
<input type="checkbox"/> 2555-1 Basic Metabolic Panel (S) BUN Calcium, Chloride, CO2, Creatinine, Glucose, Potassium, Sodium	<input type="checkbox"/> 0628-8 Drug Profile - Comprehensive (8) (SC)	Pap Smear Single Slide (Use BRLI Cytology Req.)
<input type="checkbox"/> 4537-7 Chronic Hepatitis Panel (S) Hep. B Surface Antibody and Hep. C Antibody	<input type="checkbox"/> 0019-0 Hematocrit (L)	CHRONIC CARE MANAGEMENT
<input type="checkbox"/> 3427-2 Comprehensive Metabolic Panel (S) Chem 14	<input type="checkbox"/> 0190-9 Prostate Specific Ag (PSA) (S)	<input type="checkbox"/> 0091-9 Free (T-4) Thyroxine (S)
<input checked="" type="checkbox"/> 7702-4 Comprehensive Metabolic Panel and CBC (S/L) Chem 14, CBC	<input type="checkbox"/> 0086-9 Sedimentation Rate (ESR) (L)	<input type="checkbox"/> 0095-0 Glucose (GY)
<input type="checkbox"/> 8984-7 Diabetic Panel (S,L,2U) Hgb A1C, Comp. Metabolic, UA, Microalbumin, Creatinine	INFECTIOUS DISEASES	<input type="checkbox"/> 0102-4 Hemoglobin A1c (L)
<input type="checkbox"/> 3422-3 Hepatic Function Panel (S) Albumin, Alk Phos., ALT (SGPT), AST (SGOT), D. Bilirubin, T. Bilirubin, T. Protein	<input type="checkbox"/> 0082-8 Aerobic Bacterial Culture (culturette)	<input type="checkbox"/> 0228-7 Microalbumin (Urine) (U)
<input type="checkbox"/> 0009-1 Lipid Panel (S) Triglyceride; HDL, LDL, Cholesterol	<input type="checkbox"/> 1002-5 AFB Culture and Smear (sterile cont.)	<input type="checkbox"/> 0137-0 Prothrombin Time (PT) (B)
<input type="checkbox"/> 0010-9 Prenatal Profile (R/L/S) ABO + RH typing, Hep. B. surf. Antigen, CBC, Rubella, Antibody screen, RPR	<input type="checkbox"/> 1242-7 Anaerobic Culture (culturette)	<input type="checkbox"/> 0153-7 TSH (S)
	<input type="checkbox"/> 0079-4 B-Hem Strep A Culture (culturette)	DRUG LEVELS
	<input type="checkbox"/> 0341-8 Blood Culture, Routine (2 Bactec Bottles)	<input type="checkbox"/> 0509-0 Amitriptyline (Elavil)/Nortriptyline (R)
	<input type="checkbox"/> 0259-2 C Difficile Toxin A (SC)	<input type="checkbox"/> 0154-5 Carbamazepine (R)
	<input type="checkbox"/> 3800-0 Chlam/GC DNA Probe Tec (Swab)	<input type="checkbox"/> 0083-6 Digoxin (R)
	<input type="checkbox"/> 0459-8 Complete Urinalysis (U)	<input type="checkbox"/> 0119-8 Lithium (R)
	<input type="checkbox"/> 1763-2 Helper T Lymph CD4 (L/G)	<input type="checkbox"/> 0289-9 Phenobarbital (R)
	<input type="checkbox"/> 0812-8 Hepatitis C antibody (S)	<input type="checkbox"/> 0084-4 Phenytoin (Dilantin) (R)
	<input type="checkbox"/> 0361-6 HIV Ab Screen w/confirm (S)	<input type="checkbox"/> 0380-6 Theophylline (R)
	<input type="checkbox"/> 1010-8 HIV RNA PCR ULTRA (Viral Load) (W) Frozen	<input type="checkbox"/> 0542-1 Valproic Acid (R)
	<input type="checkbox"/> 0382-2 Low Resp Cult (sputum) (sterile cont.)	
	<input type="checkbox"/> 0142-0 RPR (S)	
	<input type="checkbox"/> 0377-2 Stool: Ova/Parasites Exam (O+P Kit)	
	<input type="checkbox"/> 0878-9 Stool: White Blood Cells (SC)	
	<input type="checkbox"/> 0080-2 Urine Culture (Boricon tube)	

OTHER TEST(S) NOT LISTED ABOVE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INTERNAL CONTROL (LAB USE ONLY)

<input type="checkbox"/> L-LAV	<input type="checkbox"/> CULTURETTE	<input type="checkbox"/> R-RED	<input type="checkbox"/> S-SST	<input type="checkbox"/> GY-GREY	<input type="checkbox"/> BL-BLUE
<input type="checkbox"/> GR-GREEN	<input type="checkbox"/> Y-YELLOW	<input type="checkbox"/> W-PPT	<input type="checkbox"/> RB-ROYAL BL	<input type="checkbox"/> STERILE CUP OTH	<input type="checkbox"/> VIRAL CUL
<input type="checkbox"/> O&P	<input type="checkbox"/> BLD. CUL	<input type="checkbox"/> FS-FROZ SPEC	<input type="checkbox"/> SLIDE	<input type="checkbox"/> THINPREP VIAL	<input type="checkbox"/> FORMALIN JAR
<input type="checkbox"/> RAND URN (CUP)	<input type="checkbox"/> 24-HOUR URINE	<input type="checkbox"/> U-URN TUBE	<input type="checkbox"/> TIMED URINE	<input type="checkbox"/> BOR-BORICULT	

 vol = _____
 LAB I.D. NO. _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Staff</u>	Inmate Name: <u>OMAR FOLK</u>
Complaint:	Block/Cell: <u>A-05</u>
	Today's Date:

Request to:

<input type="checkbox"/> Warden	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input checked="" type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate) _____		

-Direct your request to the appropriate person as this will allow a faster and more accurate response.
 -Please be specific as to the nature of the "request" or "complaint".
 -If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 -A lack of DETAILS will cause a delay in providing you with a response.
 NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details: I need grievance for my own personal issue and not to concern you. Follow up to next level if needed.

Response: we Don't do that, but I received this request on 10/1 and was wondering if it was years? If so resubmit filled out
Thank You

RESPONDING OFFICIAL: DW Long
 DATE: 10/2/12

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>My getting more swollen</u>	Inmate Name: <u>OMAR FOLK</u>
Complaint:	Block/Cell: <u>A-58</u>
	Today's Date:

Request to: _____
☐ Warden ☒ Deputy Warden ☐ Business Mgr. ☐ Counselor ☐ Chaplain
☐ Fiscal Secretary ☐ Lt. or Sgt. ☐ Other Prison Staff (Designate) _____

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
- NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details:

My leg is swelling hurting bad and I don't want to go no further I'm dying need off help and its getting worse you need to let the court know what's going on with me right now I'm Fed up inmate and this been going on for almost two months

Response:

Mr. Folk,
I would suggest to you to put a med slip in and have them look at you to see what they can do.
I also think that if you need contact the feds that you do it and let them know your problem as they don't like me, But put a med slip in first.

RESPONDING OFFICIAL: DW Long
 DATE: 9/13/12

RETURN TO INMATE: _____

INMATE FILE: _____

DATE: 12/03/12

PATIENT NAME: Omar folk

PLACE OF APPOINTMENT: community general osteopathic hospital

DATE OF APPOINTMENT 12/11/12

TIME OF APPOINTMENT: A nurse will call the day prior to your surgery to give you the arrival time

REASON FOR VISIT: surgery

SPECIAL INSTUCTIONS: please have blood work done 1 week prior to the surgery also Please bring your insurance card and a photo ID along to this visit. If you are taking any medications please bring an up-to-date list this is very important to your continuity of care.

IF YOU HAVE ANY QUESTIONS or need to cancel or reschedule this appointment PLEASE CONTACT OUR OFFICE AT: 717-782-2100

MINIMUM PREOPERATIVE TESTING FOR LOW RISK OUTPATIENT* SURGICAL PROCEDURES

✓ Check All That Apply	Preoperative Conditions	Hgb / Hct	ECG ≤ 1yr old	Serum K on Arrival	Pregnancy Test within 7 days of surgery date
	CAD, HTN, CHF, PVD or CVA Dysrhythmia Limited Functional Capacity* Significant Pulmonary Disease		●		
	Recent history of Severe Anemia	●			
	Dialysis			●	
	GYN Procedure and 15 - 55 yrs old				●

MINIMUM PREOPERATIVE TESTING FOR MODERATE RISK OUTPATIENT* AND ELECTIVE INPATIENT OR SDA SURGICAL PROCEDURES

✓ Check All That Apply	Preoperative Conditions / Procedure Type	CBC	PT / PTT	BMP	CMP	ECG*	Serum K on Arrival	Pregnancy Test within 7 days of surgery date
X	MAJOR Surgical Procedures*	●	●		●	●		
	OTHER Surgical Procedures REQUIRING T&S* <i>please see reverse side for other surgical procedures requiring T&S, check only if procedures requires T&S</i>	●						
	CAD, HTN, CHF, PVD or CVA Dysrhythmia Diabetic					●		
	Strong Family History of CAD Tobacco Smoker >45 yrs old Male >60 yrs Old Female >65 yrs Old Limited Functional Capacity* Pulmonary Disease					●		
	Hepatic Disease	●	●		●			
	Kidney Disease	●	●	●		●		
	Dialysis						●	
	Recent Anemia Bleeding Disorder or Anticoagulation	●						
	GYN Procedure and 15 - 55 yrs old							●

☐ Order T&S and T&C per Pinnacle Guidelines on reverse. T&S: _____ T&C: _____ X _____ Units

These must be drawn at a Pinnacle Health testing site within 10 days of the procedure.

~~Testing requirements reviewed. No preoperative testing required.~~

Order as Needed

☐ BUN/Creatinine ☐ Beta HCG ☐ Urine Pregnancy Test on Arrival ☐ Drug Level _____

Additional Testing Orders: HIV, Hep C Screening.

Office ordering testing: _____ and please fax results to: _____

Patient Diagnosis: _____

Surgery Date: _____

Scheduled Surgery: _____

Physician Signature: [Signature] Print Name: MASTEN LEGEL Date: 11/15/12 Time: 0130

*See Reverse for Definitions & Qualifications (ex. age of ECG)



PINNACLE HEALTH
Hospitals

SURGICAL PRE ADMISSION TESTING ORDERS

PO5501

Patient Identification

Folk, OMAR

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Mental Health</u>	Inmate Name: <u>OMAR FIK</u>
Complaint: <u>I need need my meds</u>	Block/Cell: <u>A-5B</u>
<u>I feel like i'm going to flip out</u>	Today's Date: <u>Sept 28, 2012</u>

Request to:

<input type="checkbox"/> Warden	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate) <u>Mental Health Medical</u>		

-Direct your request to the appropriate person as this will allow a faster and more accurate response.
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NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details:
I'm getting deprive of my rights and still didn't go out for my leg - I'm
being life sentence and I starting not to care so it my one I'm bipolar

Response: An appointment has been made for an MRI of the right
knee.

RESPONDING OFFICIAL: [Signature]
 DATE: 10/2/12

RETURN TO INMATE: X
 INMATE FILE: _____

PERRY COUNTY PRISON

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Deputy Warden

Karen Barclay
Business Manager



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Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Thomas Long / David E. Yeingst</u>	Inmate Name: <u>OMAR FOLK</u>
Complaint: <u>WARDENS</u>	Block/Cell: <u>F-1B</u>
	Today's Date: _____

Request to:

<input checked="" type="checkbox"/> Warden	<input checked="" type="checkbox"/> Deputy Warden	<input type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate) _____		

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
- NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details:

Now once again I have write to both of you in regards to Law Library or Medical problems and even ask for grievance forms multiple times. Now it states in your inmate handbook that once a person exhaust his remedy then he entitled a grievance and a month or so ago Marant spoke with Karen Barclay and Warden Yeingst about having proper law access and updated case law response was Acc

Response:

Mr. Folk, By your own admission you stated Counselor Wilson with you attempted to contact your Atty. Here attached is where your Atty wrote you we are NOT required to have a Law Library. Title 37 says access to the Courts. This can be done by you writing to your Atty, or if the Counselor wishes to make a call for you.

RESPONDING OFFICIAL: DW Long
DATE: 12/28/12

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: Complaint CO-2ANG-Ruhl

Inmate Name: OMAR FOLK

Complaint: GRIEVANCE Form

Block/Cell: A-4-A A-5

Wilt

Today's Date: 2-9-2013

Request to:

☐ Warden ☐ Deputy Warden ☐ Business Mgr. ☐ Counselor ☐ Chaplain
☐ Fiscal Secretary ☒ Lt. or Sgt. ☐ Other Prison Staff (Designate)

-Direct your request to the appropriate person as this will allow a faster and more accurate response.

-Please be specific as to the nature of the "request" or "complaint".

-If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number

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Specific Details:

First shift law library the foundation is not completely terrible
Now they are not going by there own norms and the facts time frame
of when law library is called for different blocks now they have list
each time and if the other blocks dont go then you can stay longer but it no
were on this sheet were a block can be title to stay for 2 hours this is called
abuse a power and should not be tolerated at all Therefore I need a grievance
Response: base on this issue. copy paper

MR. FOLK, THE LAW LIBRARY IS A PRIVILEGE AND NOT A NECESSITY.
THE TIMES THAT ARE LISTED ON SAID SHEET ARE TIMES THAT WERE APPROVED
BY THE WARDEN. I DO NOT FEEL THAT THIS IS ANY INFRINGEMENT OF YOUR RIGHTS.
NO MERIT TO GRIEVE. GRIEVANCE DENIED

RESPONDING OFFICIAL: [Signature]

DATE: 2.11.13

RETURN TO INMATE: [Initials]

INMATE FILE:

PERRY COUNTY PRISON

Thomas Long
Deputy WardenKara Barclay
Business ManagerDavid E. Yeungst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377Karen Wilson
CounselorWinifred Dorando
Fiscal SecretaryINMATE COMMUNICATIONS FORM

Request: MEDICAL WHITMAN CONCERN Inmate Name: OMAR FOLK
 Complaint: Block/Cell: A-B5
 Today's Date: 1-5-12

Request to: Warden Deputy Warden Business Mgr. Counselor Chaplain
Fiscal Secretary Lt. or Sgt. Other Prison Staff (Designate) MEDICAL

Direct your request to the appropriate person as this will allow a faster and more accurate response.
 Please be specific as to the nature of the "request" or "complaint".
 If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number.
 A lack of DETAILS will cause a delay in providing you with a response.
 NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details:

I'm writing in regards to medical reports and any papers
or photo or doctor papers and I sent a com certificate of merit
that the copy of files sent to the hospital that mesor X-rays or med
reports I want all reports divide to me below, with no delays

Response: Your request for medical records was forwarded to the privacy
officer for Prisoner Medical. You will receive a letter with
details on how to proceed & obtain the requested records

RESPONDING OFFICIAL: De Vries, W., CCH
 DATE: 11/7/12

RETURN TO INMATE:

INMATE FILE: X

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Karen Wilson</u>	Inmate Name: <u>OMAN FOLK</u>
Complaint: <u>mental Health</u>	Block/Cell: <u>F-1-A</u>
Today's Date: <u>1-20-13</u>	

Request to: _____
 _____ Warden _____ Deputy Warden _____ Business Mgr. ☒ Counselor _____ Chaplain
 _____ Fiscal Secretary _____ Lt. or Sgt. _____ Other Prison Staff (Designate) _____

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
- NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details:

I'm writing to you in regards to mental Health the facts are you was the one who put me on the list before and I was wondering when I would see her again because its been almost two months or so and I thought I would at got check for Depskate now I havent taken it for a while in fear of hope not to damage my liver or kidney so if you can tell Ms. Rock I believe to put me on the list
 Response: to get check up. thank you.

Mr. Folk, I put you on the list to see the psych doc.
 she will be here next Thurs.

RESPONDING OFFICIAL: K. Wilson
 DATE: 1-21-13

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Medical Tom</u>	Inmate Name: <u>OMAR FALK</u>
Complaint:	Block/Cell: <u>F-1-A</u>
	Today's Date: <u>1-20-13</u>

Request to:

<input type="checkbox"/> Warden	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate)	<u>Medical department</u>	

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
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Specific Details:

I'm writing in regards too seeing medical records. I wrote you week ago and no response. Now let me know what's going on I would prefer a response back this time Thank you.

Response:

haven't received any records from York Hospital for your visit to the ER.

RESPONDING OFFICIAL:

DATE: 1-21-13RETURN TO INMATE: X

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Print out CASE LAW KAREN</u>	Inmate Name: <u>OMAR Folk</u>
Complaint:	Block/Cell: <u>A-56</u>
	Today's Date: <u>9-5-12</u>

Request to:

<input type="checkbox"/> Warden	<input type="checkbox"/> Deputy Warden	<input checked="" type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate) _____		

-Direct your request to the appropriate person as this will allow a faster and more accurate response.
 -Please be specific as to the nature of the "request" or "complaint".
 -If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
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Specific Details:

I have CASE LAWS I would like printed out
USV JOHNSON, 458 Fed Appx 464, USV OUTEN 412 Fed Appx 492, USV MACE
McGrew, 397 Fed Appx 87

Response:

We do not print them. You will need to ask your Attorney for these or copy them
off from the law library.

RESPONDING OFFICIAL: Bus Mgr

DATE: 9-6-12

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Karen Barclay</u>	Inmate Name: <u>OMAK Folk</u>
Complaint:	Block/Cell: <u>A-5 B</u>
	Today's Date: <u>12-12-12</u>

Request to: _____
 _____ Warden _____ Deputy Warden ☒ Business Mgr. _____ Counselor _____ Chaplain
 _____ Fiscal Secretary _____ Lt. or Sgt. _____ Other Prison Staff (Designate) _____

Direct your request to the appropriate person as this will allow a faster and more accurate response.
 Please be specific as to the nature of the "request" or "complaint".

If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number

A lack of DETAILS will cause a delay in providing you with a response.

NOTE: A copy of each inmate communications form submitted to the prison is copied & maintained in your file for record.

Specific Details:

USV Alston, 2006 WL 297765 Middle District Yvette Kane Judge
USV SANDER, 710 F. Supp. 2d 821 COMV Joshua Tyler, 964 A2d 447 York Com
CASE Superior Court, print four pgs on one piece of paper each ok, thank you.

Response:

As per the Warden, you need to get these from your attorney.

RESPONDING OFFICIAL: Bus Mgr

DATE: 12/13/12

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>My getting more swollen</u>	Inmate Name: <u>OMAN Folk</u>
Complaint:	Block/Cell: <u>A-58</u>
	Today's Date:

Request to:

<input type="checkbox"/> Warden	<input checked="" type="checkbox"/> Deputy Warden	<input type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate) _____		

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
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Specific Details:

My leg is servers hurting bad and I don't want to go no further I'm dying need of help and its getting worse you need to let the court know what's going on with me right now I'm Fed up inmate and this been going on for almost two months

Response:

Mr. Folk,
I would suggest to you to put a med slip in and have them look at you to see what they can do.
I also think that if you need contact the feds that you do it and let them know your problem as they don't like me, But put a med slip in first.

RESPONDING OFFICIAL:

DATE: 9/13/12Dw Long

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Legal copy</u>	Inmate Name: <u>OMAR FOLK</u>
Complaint:	Block/Cell: <u>A-5b</u>
	Today's Date: <u>9-5-2012</u>

Request to:

<input type="checkbox"/> Warden	<input type="checkbox"/> Deputy Warden	<input checked="" type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate)		

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
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Specific Details:

I'm writing in regards to a legal case law I submitted three case law to you miss Karen and I want to no if you are going to copy them for me right now Im in the process of receiving a life sentence in prison and I want to trial pro-se and was found guilty of charges of firearm and drugs and hear you dont do copies but Im just in dire need for the case law I hope you understand my request and help me Karen. Thank you

Response:

We do not print them. You will need to ask your Attorney (if you have one) or copy them from the law library computer.

RESPONDING OFFICIAL: Buss Mga
DATE: 9-6-12

RETURN TO INMATE: _____
INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: All prints out when mail was	Inmate Name: OMAR FOLK
Complaint: sent Middle District	Block/Cell: K-1B
	Today's Date: 12-22-12

Request to: _____
 _____ Warden _____ Deputy Warden _____ Business Mgr. _____ Counselor _____ Chaplain
☒ Fiscal Secretary _____ Lt. or Sgt. ☒ Other Prison Staff (Designate) _____

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
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Specific Details:

I'm writing in regards to have a copy of all sent out mail to
 228 WALNUT STREET PO box 11754 Harrisburg, PA 17108-1754 Date and time
 sent out Thank you

Response:

MR FOLK: THERE THREE (3) SUCH ENTRIES OF YOUR MAIL SENT
 TO THAT ADDRESS.

12-21-12 / 11-30-12 / 10-11-12 /

RESPONDING OFFICIAL: LT WAA
 DATE: 12-22-12

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>Karen Barclay</u>	Inmate Name: <u>OMAR FALK</u>
Complaint:	Block/Cell: <u>A5-B</u>
	Today's Date: <u>Sept -18-2012</u>

Request to:

<input type="checkbox"/> Warden	<input type="checkbox"/> Deputy Warden	<input checked="" type="checkbox"/> Business Mgr.	<input type="checkbox"/> Counselor	<input type="checkbox"/> Chaplain
<input type="checkbox"/> Fiscal Secretary	<input type="checkbox"/> Lt. or Sgt.	<input type="checkbox"/> Other Prison Staff (Designate) _____		

-Direct your request to the appropriate person as this will allow a faster and more accurate response.
 -Please be specific as to the nature of the "request" or "complaint".
 -If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 -A lack of DETAILS will cause a delay in providing you with a response.
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Specific Details:
I'm need ~~more~~ of help for LAWlibrar, US Supreme court cases
which are not down load on the computer as well as printer to filed
Motion to Court pro-se.

Response:

As I answered your request before, you will need to contact an attorney and
we do not print out cases. Ms. Freese will be able to help you.

RESPONDING OFFICIAL: Buo Mga
 DATE: 9-18-12

RETURN TO INMATE: _____

INMATE FILE: _____

PERRY COUNTY PRISON

Thomas Long
Deputy Warden

Karen Barclay
Business Manager



Karen Wilson
Counselor

David E. Yeingst, Warden
300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

Winifred Dorundo
Fiscal Secretary

INMATE COMMUNICATIONS FORM

Request: <u>LT</u>	Inmate Name: <u>OMAR FOLK</u>
Complaint:	Block/Cell: <u>A-5B</u>
	Today's Date: <u>11-8-12</u>

Request to:

☐ Warden ☐ Deputy Warden ☐ Business Mgr. ☐ Counselor ☐ Chaplain
☐ Fiscal Secretary ☒ Lt. or Sgt. ☐ Other Prison Staff (Designate) _____

- Direct your request to the appropriate person as this will allow a faster and more accurate response.
 - Please be specific as to the nature of the "request" or "complaint".
 - If you are requesting an Attorney Call, you MUST provide your Attorney's Name and Phone Number
 - A lack of DETAILS will cause a delay in providing you with a response.
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Specific Details:

I need to call my state lawyer George MARRAS, I sent four out two and got a respond but one of them request slip were for above person and the other for envelope and pen. I would like to no what going on with new laws request and to be able call my family in case if my lawyer on state level dont answer they can call in regards to my health. An he is not representing me in federal. An lately when I write request slips I dont receive them.

Response: back, Thank you

- #1- PHONE CALL TO LAWYER - APPROVED WHEN TIME PERMITS
- #2- ENVELOPE & PEN -
- #3- NEW GUIDE LINES - UPDATED CASE LAW - ADMINISTRATION IS CURRENTLY WORKING ON THAT
- #4- CALL FAMILY IF HE CAN'T GET A HOLD OF LAWYER - PERSONAL PHONE CALL DENIED

RESPONDING OFFICIAL: [Signature]

DATE: 11.8.12

RETURN TO INMATE: ☒

INMATE FILE: _____

FEDERAL PUBLIC DEFENDER

MIDDLE DISTRICT OF PENNSYLVANIA
100 CHESTNUT STREET, SUITE 306
HARRISBURG, PENNSYLVANIA 17101-2540
TELEPHONE: (717) 782-2237
FAX: (717) 782-3881

FEDERAL PUBLIC DEFENDER
JAMES V. WADE

ASSISTANT FEDERAL DEFENDERS
LORI J. ULRICH
THOMAS A. THORNTON
RONALD A. KRAUSS
FREDERICK W. ULRICH
HEIDI R. FREESE

January 23, 2013

Omar S. Folk
Perry County Prison
300 South Carlisle Street
New Bloomfield, PA 17068

Re: *United States v. Omar Folk*
Criminal No. 1:11-CR-00292

Dear Mr. Folk:

I received your letter dated January 11, 2013, wherein you request me to send you "papers relevant to your case". I believe you are in possession of all of the discovery materials. If there is something specific you are looking for, please let me know and I will be happy to send it to you. You previously received a copy of all discovery materials in my possession.

Second, you asked me to recuse myself from your case. The Court granted your request to proceed *pro se* at sentencing. I am only standby counsel at this point, so you are representing yourself. As such, I will not interfere with that process.

If you have any additional questions or request any additional materials for sentencing, please let me know and I will provide them to you.

Sincerely,



Heidi R. Freese
Assistant Federal Public Defender

HRF:lcs

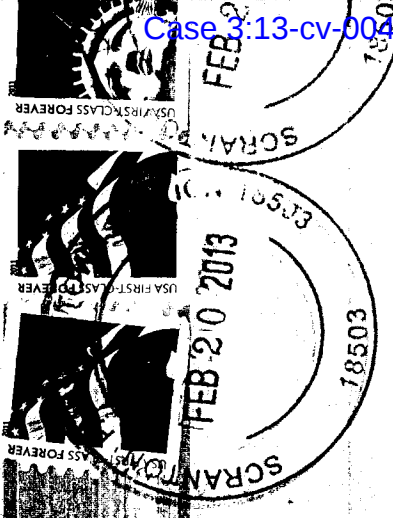
Permanently
300 South
NEW BLOOMFIELD, PA 17068

300 South Carlisle St.
New Bloomfield, PA. 17068

RECEIVED
SCRANTON

FEB 21 2013

MMT
DEPUTY CLERK



Clerk of Courts / Essp.
William J. Nelson Federal Bldg. & U.S. Cour
235 North Washington Avenue
P.O. Box 1145
Scranton, PA 18501-1145